Cabrillo College Honors Transfer Program
DESIGNATED HONORS COURSE CONTRACT

Fall, 2020 or Spring, 2021

Semester: ____________________

Student's Name: ____________________
Student ID#: ____________________

E-mail address: ____________________
Telephone number: ____________________

Course from LIST B which this Contract will augment: ____________________

Instructor: ____________________

Section: ____________________

Designated Honors Course Contract project description and requirements (e.g., research paper, laboratory work, readings and demonstrations, portfolio, etc.) beyond standard course requirements: THIS MUST BE FILLED IN WITH ALL DETAILS!

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________________________________________________________________________

________________________________________________________________________

To be filled out by the Student:

1. Number of units completed to date: ____________________
2. Final semester at Cabrillo will be: ____________________
3. Honors courses completed to date (list): ____________________

Student:
I have read the Guidelines for Designated Honors Course Contracts and I agree to the terms of this contract.

Student signature: ____________________
Date: ____________________

Print name: ____________________

Professor:
I have read the Guidelines for Designated Honors Course Contracts, and I agree to direct this Contract during ___________ semester, 20__. 

Professor’s signature ____________________
Date: ____________________

Print name: ____________________

Honors Program:
Honors Program approval: ____________________
Date: ____________________

Student submits signed contract to the Articulation and Honors Program email – honors@cabrillo.edu, by the end of the 6th week of the semester covered by the contract. Please keep a copy for your records.

Thanks to Katharine E. Harer of Skyline College for the template for this contract. REV. 8-31-20